

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S) 091807378

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	<input type="checkbox"/>					
TOTAL CLAIMS	<input type="checkbox"/>					

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TOTAL DEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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